

**EXHIBIT 13-A**  
**TREASURE STATE ENDOWMENT PROGRAM**  
**EMERGENCY GRANT APPLICATION REVIEW FORM**

**APPLICANT AND PROJECT INFORMATION:**

Date Request is Received:

Applicant:

Address:

Contact Person and Telephone Number:

Nature of Emergency:

Proposed Project:

Estimated Total Cost of Project: \$

Itemize the proposed expenditures:

Amount of TSEP Funds Requested: \$

**REVIEW OF REQUEST:**

1. Is the applicant eligible to apply for TSEP funding? Yes ☐ No ☐
2. Is the proposed project eligible for funding? Yes ☐ No ☐
3. Is the grant necessary to remedy a condition(s) that if allowed to continue until legislative approval could be obtained would endanger the public health or safety and expose the applicant to substantial financial risk? Yes ☐ No ☐

Details:

4. Can the implementation of reasonable management practices forestall the risks to health or safety until legislative approval can be obtained? Yes ☐ No ☐

Details:

5. Is all of the proposed emergency project critical to the proper operation of a system? Yes ☐ No ☐

Details:

6. Is any proposed funding to be used for preventive maintenance or to provide a backup to an existing system component? Yes ☐ No ☐

Details:

7. Are all of the proposed expenditures essential to resolving the emergency and necessary for completing the proposed emergency project? Yes ☐ No ☐

Details:

8. Will any further actions beyond what has been proposed be necessary to fully resolve the emergency? Yes ☐ No ☐

Details:

9. Has the applicant contributed as much financial and other resources as possible towards completing the proposed emergency project? Yes ☐ No ☐

Details:

10. Is funding available from any other source, including the sponsor? Yes ☐ No ☐

Details:

**SITE VISIT:**

Date:

State Agency Person Conducting Site Visit:

Contact Person and Telephone Number:

Brief Summary of Visit:

Conclusions:

**Reviewer Recommendation:**

\_\_\_\_\_  
Richard Knatterud, P.E.  
TSEP Engineer

\_\_\_\_\_  
Date

**Concurrence:**

Concur \_\_\_\_\_

Do Not Concur \_\_\_\_\_

Concur with the Following Modifications:

\_\_\_\_\_  
Jim Edgcomb, Manager  
Treasure State Endowment Program

\_\_\_\_\_  
Date

**Concurrence:**

Concur \_\_\_\_\_

Do Not Concur \_\_\_\_\_

Concur with the Following Modifications:

\_\_\_\_\_  
David Cole, Division Administrator  
Community Development Division

\_\_\_\_\_  
Date

**Approval:**

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

\_\_\_\_\_  
Anthony J. Preite, Director  
Department of Commerce

\_\_\_\_\_  
Date